



GOVERNMENT OF THE DISTRICT OF COLUMBIA
METROPOLITAN POLICE DEPARTMENT

P.D. 69 REV. 11/82

NEWS MEDIA PASS APPLICATION
METROPOLITAN POLICE DEPARTMENT
300 INDIANA AVENUE, N.W.
WASHINGTON, D.C. 20001

*** ALL INFORMATION MUST BE TYPED EXCEPT FOR SIGNATURE ***

_____ Applicant's Full Name	_____ Home Address (Include Zip Code)
_____ Name of Agency Employed by	_____ Occupation or Assignment & Title
_____ Occupational Address (Include Zip Code)	_____ Occupational Telephone Number
_____ Supervisor's Name & Position Title	_____ Applicant's Home Telephone Number
_____ Supervisor's Direct Telephone	_____ Applicant's Place & Date of Birth

THE UNDERSIGNED APPLICANT AGREES TO ASSUME ALL RISKS INCIDENT TO USE OF THE PRIVILEGES CONFERRED BY THE NEWS MEDIA PASS, TO COMPLY PROMPTLY WITH ANY REASONABLE DIRECTION BY ANY POLICE OFFICER, WHILE USING SUCH PASS, AND TO CONDUCT SELF IN SUCH A MANNER AS NOT TO INTERFERE WITH, HINDER, OR OBSTRUCT ANY AUTHORIZED PERSON ENGAGED IN PRESERVING THE PEACE, MAINTAINING ORDER, OR PROTECTING LIFE AND PROPERTY. THE UNDERSIGNED APPLICANT ALSO AGREES TO RETURN THIS PASS TO THE METROPOLITAN POLICE DEPARTMENT IF REQUESTED TO DO SO BY THIS DEPARTMENT OR IF A CHANGE OF OCCUPATION OR ASSIGNMENT RESULTS IN THE INELIGIBILITY FOR SUCH A PASS. THE UNDERSIGNED APPLICANT FURTHER AGREES TO COMPLY WITH ALL LAWS AND RULES GOVERNING THE MEDIA PASS WHICH IS NOW IN EFFECT OR WHICH MAY BE PROMULGATED OR AMENDED.

_____ Date	_____ Signature of Applicant
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THE UNDERSIGNED CERTIFIES THAT THE APPLICANT IS A BONA FIDE NEWS GATHERING REPRESENTATIVE OF THIS ORGANIZATION WHOSE DUTIES REQUIRE PASSAGE WITHIN POLICE LINES ESTABLISHED PURSUANT TO SECTION 5 ARTICLE VI OF THE POLICE REGULATIONS OF WASHINGTON, D.C.

_____ Date	_____ Signature of Authorized Supervisor
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SUBMIT WITH YOUR APPLICATION TWO PRE-CUT FULL FACE PHOTOS 1 1/4" HIGH.

PLEASE REVIEW APPLICATION: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. BE SURE YOU HAVE INCLUDED TWO PRE-CUT PHOTOGRAPHS. PHOTOGRAPHS WHICH ARE NOT THE SPECIFIED SIZE AND PRE-CUT WILL NOT BE ACCEPTED.

_____ COMMITTEE ACTION TAKEN	_____ SIGNATURE OF CHAIRMAN OF COMMITTEE
_____ DATE CARD ISSUED	
_____ MEDIA PASS NUMBER	_____ APPROVED FOR THE CHIEF OF POLICE